MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (200)

CERTIFICATE OF DEATH

Reg. Diat. No. J. J. O

00497

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
	State Maryland County Dorcharter
City or town	
How long in above place of death?	City or town Chodesdale - Rural (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred: Near Brookview	Street No. Year Brookview
	(if rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Harry G. Bell	3. (b) Social Security Number
	None
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Make White	MEDICAL CERTIFICATION
	20. DATE OF DEATH. January 5 19:46 31 8:08 4 M
6.(b) Name of husband or wife Manie E. Bree	21. I CERTIFY that that he ath occurred on the date above stated; that he attended deceased from
60	1724 01955 to Jan 5- 19.46
7. Birth date of	and that I last saw hardwar alive on the 4 19.4.
deceased (mo., day, yr.) March 15, 1876	Immedica cause of death DURATION
8. AGE: Years Months Days If less than one day 9 20 hrs. min	Cerebral Keupishuse 12 da
69 9hrsmln.	
9. Birthplace Dorchester Country Manyland (Town, country, and start)	Due to
1D. Usual occupation	***************************************
11. Industry or business Farm	Due to
E */ (/. o ,	Other conditions
× i	(Include pregnancy within 3 months of death)
14. Malden name Line M. Wattans	Major fiadings of operations
[15. Birthplace Dorchester Country, Wary land	Dale of op.
16. Informant Mars. Marie E. Beel	Autopsy results.
Address Phodesdale Maryland R.F.D.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following;
17. Burial, cremation, or removal, Which?) Bate thereof January 7 1946 (month) (day) (year)	Accident, aulcide, or homicide
Cometery or crematory Brookview Contay	Where did lajury occur?
Location Rhodes dale, maryland, RFD.	Injured at home, farm, Industry, public place (where?)
18. Funeral director. Land Frampton and Son	Meane of Injury Injured at work?
Address Federalsburg Maryland	No Kuhhyan M.D.
00 1- 11/11/11/11	23. SIGNATURE
(Date rec'd by registrar)	Address (Thurstown has Date signed 1/7/46



WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and leably.

PLEASE

VS A15

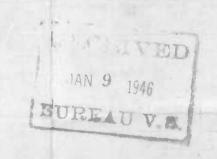
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFI	CATE	OF	DE	TH

CERTIFICAT	TE OF DEATH Reg. Diat. No. // C
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
6.(b) Name of husband or wife	2f.1 CERTIFY that death occurred on the date above stated; that I attended deceased from December 1, 19.45, to January 5, 19.46 and that I last saw him allye on January 5, 19.46 Immediate cause of death Coronary Thrombosis DURATION
8. AGE: Years Months Days If less than one day 64 ? hrsmin.	Immediate cause of death Goronary Infomposis DURATION 24 hrs.
9. Birthplace Millington, Maryland (Town, county, and state) fD. Usual occupation None f1. Industry or business f2. Name John Bottomley 13. Birthplace England	Due to Orteriosclerotic Cardio— Unknown Vascular disease Due to Other conditions
13. Birthplace England 14. Malden name. Martha A. Bailey 15. Birthplace Delaware	(Include pregnancy within 8 months of death) Major findings of operations
16. Informant Hospital Records Address E.S.S.H., Cambridge, Maryland 17. (Burial, cremation, or removel. Which?) Cemetery or recontry. Location 18. Funeral directors. Address	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
19. Dake rec'd by registrar 19/6 John Maril 19/6	Address E.S.S.H., Cambridge, Md Date slended 1/5/46



00499

				TE OF DEATH	003	116
			CERTIFICA			116
1. PLACE OF D	EATH:			2. USUAL RESIDENCE (HON (For newborn infants give resident)	ME) OF DECEASED:	
	ester			State Maryland		ter
			URAL and give nearest town)	.		
How long in above pla	ce of death?45	Years.		City or townCambridge		
	or street address where			Street No. Leonard!	S. Lane	
				2.(a) If veteran, name war		
3. (a) FULL NAM				II alto III receium nume nument	3. (b) Social Secu	
J. (b) TOLL NA		Cleors	Eugenia Jook	:e	3. (0) Social Secu	rny Number
4. Sex	5. Color or race		e. married, widowed, or divorced		AL CERTIFICATION	
Female	White	1 1 1	idowed	20. DATE OF DEATH	anuary 17 19.4	6 at 10:
E (h) Name of husban	der wife Dani	el A.	Cooke			
Deceas			c) If allve, give ageye		19, to	19
7. Birth date of				and that I last saw hallve on		f9
8. AGE: Yea		Days	If less than one day	Immediate cause of death		DURATE
89 89		9	hrsm	- A		
		1			fromary	
9. Birthplace	idison, D	county, and	Maryland.	Due to	nines	
10. Usual occupation	Domest	ic		Busto arterio - s	Selecoi	serera
11. Industry or busine				Due to	Vicharlant . han ble cotto both Lan	year
		guite		Other conditions		
	Maryland					
					within 3 months of death)	
14. maiden nam	. Louisa Maryland	wichide is.	\	Major findings of operations		
= 1 15. Birthplace	Maryland	FD 2	1			
			shaw	PHYSICIAN: Please underline the car	use to which death should be cha	rged statistically.
Address Leonard's, Lane, Cambridge, Md. 17. Butial Date thereof an. 20, 1946 (Burlal, cremation, or removal, Which?)			22. VIOLENCE: If death was due to ex			
			Accident, suicide, or homicide			
			Cemetery (day) (year)			
/			rland.		place (where?)	
1B. Funeral director.	LeCompte	s Fu	neral Service	Means of injury	injured at work?	
Address Ca	ambridge.	Mary	land.	102. 17. Alex	1 A. 1	Med &
0.	19- 1846	1	Mac Jo. D	23. SIGNATURE		D. or other
19. (Vate rec'd by	registrar)	Mon	Registr	ar Address Cambrid.	gi- Mal Date sig	ened Jan 18

MARGIN RESERVED FOR BINDING

VS A15



MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore ADING INK. Supply every item of information carefully. The correct Physicians: please write the causes of death clearly and legibly. CERTIFICA 1. PLACE OF DEATH: (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?... Hospital, Institution, or street address where death occurred: How long in hospital or institution? 3. (a) FULL NAME 4. Sex MARGIN RESERVED FOR BINDING 6.(b) Name of husband or wife .6.(c) If alive, give age. 7. Birih date of deceased (mo., day, yr,) If less than one day Years Months Days 8. AGE: 9. Birthpiace 1D. Usual occupation. 11. Industry or business 12. Name. PLAINLY, WITH UNF is especially important. 13. Birthpiace 14. Maiden na 15. Birthplace 14. Maiden name 16. Informani Address (month) (day) (yenr) (Burial, cremation, or remoyal, Which?) PLEASE WRITE Location Means of Injury 1B. Funeral director Address Registrar

(For newborn infants give residence of	F DECEASED:	
m	10	1
ie//aryland con	inty Doroles	Les
y or town (If outside city or town limits	s, write RURAL and give no	arest town)
real No. 219 JK	eury St.	
(If rural, give	LOCATION)	
(a) If veleran, name war		
	3. (b) Social Security	Number
	mon	-
MEDICAL C	ERTIFICATION	
/ 1.		1 10
DATE OF DEATH.	11 19 4	o, at
I CERTIFY that death occurred on the date abo	ve stated; that I attended dec	eased from
12 195	45 , 10 Jack	19.4
d that I st saw he alive on	ec. (11	19.5%
mediate cause of death		DURATIO
Arterio-selec	. made and	674ca
4-		***************************************

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e †0	•	••••••••••
er conditions		
(Include pregnancy within 3 n	months of death)	
jor fiudiugs of operatious		
joi hadrage of operations		
topsy results YSICIAN: Please nuderline the cause to wh		statistically.
topsy results	hich death should be charged	statistically.
topsy results YSICIAN: Please nuderline the cause to wh	hich death should be charged uses, flil in the following;	

of Injury Injured at work?

M. D. or other

Constructed Lied Date signed 1=12=46



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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

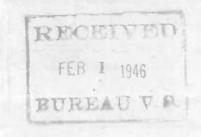
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (30)

CEDTIFICATE OF DEATH

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		CERTIFICA	TE OF DEATH Reg. Dist. No. 110
1. PLACE OF DE	ath:		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town. Ca	ambridge	mits, write RURAL and give nearest town)	state Maryland county Dorchester
How long in above place	e of death? 35	Years	City or town. Cambridge. (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, of	r street address where se haryla	death occurred: nd Hospital	Street No
How long to hospital o	or Institution?		2.(a) If veteran, name war
3. (a) FULL NAM	IE	Anna LeCompte rou	3.(b) Social Security Number
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female	White	Married	20. DATE OF DEATHJanuary 28 1946 21 12:304
7. Birth date of		es E. Fountain years	21. I CERTIFY that death occurred on the date above stated; that attended deceased from 19 10 20 20 19 46 and that I last saw h. 2 alive on 2 2 19 46
	yr.) may 18		Immediate cause of death
8. AGE: Year	s Months	Days If less than one day 10hrsmin.	
		Co. Maryland.	Due to.
11. Industry or busines	ss Home		
limit !		LeCompte	Other conditions /NFLUENZAL PNEWCONIN
	Maryland		(include pregnancy within 3 months of death)
E 14. Malden name.	Lveleen	e Foxwell	Major findings of operations.
14. Malden name.	Marylau	d.	Date of op.
16. Informant	. C. L.	countain	Autopsy results
Address C8	mbridge,	Maryland	22. VIOLENCE: If death was due to external causes, fill in the following:
17. Buris (Burial, cremation	n, or removal, Which?	Date thereof JAN 30 1946. (mouth) (day) (year)	Accident, suicide, or homicide
1	-1-	ter Memorial Park	Where did injury occur? (City or town) (County) (State)
Location	ambridge	, Maryland.	Injured at home, farm, Industry, public place (where?)
		tele Funeral Service	
	U.	Maryland.	23. SIGNATURE M. D. pyother
13. Jan	30 - 19, 46, egistrar)	John Macayla. Min	Address aubilage Malate signed 29/4



PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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	TE OF DEATH Reg. Dist. No. 116
1. PLACE OF DEATH: County DORCHESTER City or fown. (If outside city or town limits, write RURAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
How long in above place of death?	Sireet No 223 CEDAR ST. (If rural, give LOCATION)
3. (a) FULL NAME DIVE TILCUIST PM	2.(a) If velgran, name war
4. Sex 5. Color Mace 8.(a) Single, married, widowed, or divorced Mal Caland Malfield	MEDICAL CERTIFICATION 20. DATE OF DEATH 20. DATE
6.(b) Name of husband or wife Analysis of the State of St	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from 19.5. and that I last saw h / Mr. alive on 19.5. Immediate cause of death DUBATION
8. AGE: Years Months Days It less than one day 13	Due to. Due to.
10. Usual occupation. Lands 11. Industry or business 12. Name. Adam. Herrist	Due to
12. Name adam Helevist 13. Birthplace Hedlad h. C. 14. Maiden name Bell Johnson 15. Birthplace Hedlad h. C	(Include pregnancy within 5 months of death) Major findings of operations.
16. informant Duthon Stray Address 223 Cedar Street	Autopsy results
(Burlal, cremation, or removal, Which) Cemetery or crematory At August Cloud Clay (year)	Accident, suicide, or homicide
18. Funeral director Lewis H. Boynum M. Address 201 Washington Street	Injured at home, farm, industry, public place (where?) Means of injury Injured at work?
19. Jan 15- 19 4 6 John Mace Jo Margistrar) 19. (Dote rec'd by registrar)	23, SIGHATURE MAD OF THE SIGNED AND DATE SIGNED TO THE SIG

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

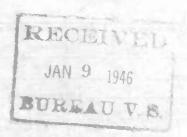
2411 N. Charles St., Baltimore (90)

00503

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Dorchester	Memiland Donahagton
Cily or town	······································
	City or town 11111-LUCA
How long in above place of dealth?	
Cambridge Md. Hospital	
How long in hospital or institution?	
3. (a) FULL NAME	3, (b) Social Security Number
	o, (v) books becauty stands
Virgil Goler 4. Sex 5. Color or race 6.(a)Single, married, widon	wed, or divorced MEDICAL CERTIFICATION
Maza Calamad superson	
Male Colored unknown	20. DATE OF DEATHJANNAPY 4, 1946
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from
	Not at all 19 10 10 19 19
7. Birth date of	age years and that i last saw k alive on Not at al l
deceased (mo., day, yr.) unknown 18 9 0	Immediate carrie of death DURATION
8. AGE: Years Months Days If less than	Tetanus ?
About 55	
unknown	Due to Infected frostbite feet 2 week
9. Birthplace	DUT IV
19. Usual occupation Laborer	
11. tadustry or business Farm labor	Due to
12. NameUnknown	Diher conditions
	(Include pregnancy within 3 months of death)
14. Malden name Unknown 15. Birthplace	Major findings of operations.
15. Birthplace	Date of op.
18. Informant Cambridge Hospital Re	PHYStCIAN: Please underline the cause to which death should be charged statistically.
Address	22. VIOLENCE: If death was due to external causes, fill in the following:
17 Burnel Date thereof	T-UL Role of
	(00)
Cemetery or cremetory Cometers	Where did injury occur? Roct Tros thi ttan in Sister (County)
Land Bailey Rd. Camb.	md Intered at home, farm, industry, public place (where?)
C ! A Ll Q	Means of Injury Injured at work?
18. Funeral director.	
Address Cambridge ~	tous more house
1/2/ 11/20	Mose & Signature Deputy Medical Examples
(Date ree'd by registrar)	Address
(Date 100 w b) 1 (glottat)	and a special state of the stat

Calvin Houryton

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /07

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Dorchester	(For newborn infants give residence of mother)
Cliy or town Cambridge (If outside city or town limits, write RURAL and give nearest town)	State Maryland County Talbot
How long in above place of death? 7 months, 23 days	City or town Easton (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred: Eastern Shore State Hospital	Street No. Park and South Streets
How long in hospital or institution? 7 months, 23 days	(If rural, give LOCATION)
3. (a) FULL NAME	3. (b) Social Security Number
Clinton McSorley Henry	5.(0) 500
4. Sex 5. Color or race 6.(a)Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
Male White Widowed	20. DATE OF DEATH. January 4 1946
8.(b) Name of husband or wife Alice Mullikin Leaverton	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from
B.(c) It allve, give ageyea	19.42 to alluary 4 19.49
7. Birth dale ot deceased (mo., day, yr.) May 22, 1875	and that I last saw half alive on alive on 19.
8. AGE: Years Months Days if less than one day	Bronchopneumonia DURATION 4 days
70 7 13hrsmir	
9. Birthplace Trappe District, Talbot Co., Marylan (Town, county, and state)	d breto Cerebral and General Arterio-
	sclerosis and Hypertension Unknown
10. Usual occupation Farmer	Due to
11. tadustry or business 12. Name John Winder Henry, Sr.	Other conditions. Hemiplegia S years
12. Name John Winder Henry, Sr. 13. Birthplace Talbot County, Maryland	Collision of ler. Decubiture wooks
# 14. Malden name Frances Hellsby	(Include pregnancy within 8 months of death) Ulcers I mos
14. Malden name Frances Hellsby 15. Birthplace Talbot County, Maryland	Major findings of operations
18. Informant Hospital Records	Autopsy results.
Address D. S.S.H., Cambridge, Maryland	PHYSICIAN: Please nuderline the cause to which death should be charged statistically.
112 2 2 10.11	22. VIOLENCE: If death was due to external causes, fill in the tollowing;
(Burial, cremation, or removal. Willett)	
Cemetery or cremators of free Trees	Where did injury occur?
Location Dates Made	Injured at home, farm, Industry, public place (where?)
18. Funeral director. A. Allies Clark	Means of injury
Address Paston, Med.	Shuill Manual and
1/2 / hell have	23. SIGNATURE Grace M. Branscombe, M. D. M. D. or other Address E.S.S.H., Cambridge, Md. Date signed 1/1/1/46
19. (Date rec'd by registrar) Registra	Address E.S.S.H., Cambridge, Md. Date signed 1/4/46

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The correct age

JAN 11 1946

Address Cambridge Med Date signed Jan 201/41

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-D

CERTIFICAT	TE OF DEATH Reg. Dist. No. //6
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (If outside city or town limits, with RURAL and give nearest town) Streef No. (If ruraf, give LOCATION) 2.(a) If veieran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
andrew L. Iron	212-16-1665
4. Sex 5. Color ograce 6.(a) Single, married, widowed, or divorced with the widowed.	MEDICAL CERTIFICATION 20. DATE DE DEATH. 27. 19. 46, at 1.35 N
6.(b) Name of husband or wife	19
7. Birth date of deceased (mo., day, yr.) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	and that I last saw haitve on
8. AGE: Years Months Days If less than one day 75 0 12	Immediate cause of death DURATION DURATION
9. Birihplace (Town, county, and state)	Due to
10. Usual occupation data	Due to.
11. Industry or business 12. Name Permuals Orving	Other conditions
13. Birthplace Scale of	
14. Malden name Darah 15. Birthplace Llar. Co.	(Include pregnancy within 3 months of death) Major findings of operations.
\$ 15. Birthplace Car. Co.	Date of op.
18. Informant Harold Roturous	Autopsy results.
Address Cambridge, md. R+#	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or remove). Which?) Date thereof. (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory. Deenlawn	Whera did injury occur?
Location Cambridge and	Injured af home, farm, Industry, public place (where?) Means of injury fnjured at work?
18. Funeral director	On H. Shrives - Dol, Med. Gan
Address	23. SIGNATURE M. D. or other

Registrar

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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(Date rec'd by registrar)

JAN 30 1916
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MARYLAND STATE DEPARTMENT OF HEALTH

The correct age

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The c is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE

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MARGIN RESERVED FOR BINDING

2411 N. Charles St., Baltimore 83-04

CERTIFICATE OF DEATH

ŗ	Reg.	Dist.	No. 116
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1. PLACE OF DEAT	TY Since	hiertei		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town(If out How long in above place of Hospital, institution, or st How long in hospital or in	death? The death? The death? The death? The death? The death and death? The death and death and death? The death and	death occurred	URAL and give nearest town) A ds. tate Hospital mon. 10 ds	State
3. (a) FULL NAME	Peter Jan	rman		3. (b) Social Security Number unknown
4. Sex	5. Color or race		e, married, widowed, or divorced	MEDICAL CERTIFICATION
Male	White	1075	dowed	20. DATE OF DEATH January 30 19/6 at 20 E
	Man	nie Cof		21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or	wife	TE COI	. 1. 1. 4. 4.	December 20 19.45 , to January 20.19.45
7. Birth date of deceased (mo., day, yr.)	To. 7	1886	c) It alive, give ageyears	and that I last saw h im alive on January 30 19 46
8. AGE: Years 59	Months 6	Days	It less than one dayhrsmin.	Carebral Hemorrhage 22 hr
9. Birthplace 10. Usual occupation 11. Industry or business	1	county and		Due to Cerebral arteriosclerosis Due to
12. Name		******************	H. Jarman Le Wicomico Cy Mar	Other conditions Psychosis with Cerebral A Vland Arteriosclerosis unkno
14. Malden name	Ellen Newar	Nora (Trader ester Cy. Md.	(Include pregnancy within 3 months of death) Major findings of operations
16. Interment	Hosp Cami	oital I	Records ,Md.	Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 17	or removal, Which?	Date the	(month) (day) (year)	22. VIOLENCE: If death was due to external causes, till in the tollowing: Accident, suicide, or homicide
19. Jan.	31-1946	20	hu Mace lo	M. D. or other

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2411 N. Charles St., Baltimore 2000

CERTIFICATE OF DEATH

00507

	Reg. Dist. No
1. PLACE OF DEATH: County Date of Market City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of dealh? Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Core 5. Color or race 5. (a) Single, married, widowed, or divorced	3.(b) Social Security Number MEDICAL CERTIFICATION
Genale Rolord Widows	20. BATE OF DEATH. Que any 30 1846, at 2:30 AM
S.(b) Name of husband or wife S.(c) If alive, give age years 7. Birth date of S.(c) If alive, give age Years 1. Birth date of S.(c) If alive, give age Years	21. I CERTIFY that death ordered on the date above theted; that I attended deceased from 19. 45 to 19. 46 and that I last saw h. Aelive on 19. 46 and
deceased (mo., day, yr.) 8. AGE: Years Months Bays If less than one day 3. Months Bays If less than one day	Immediate caose of death Myocardial /yr + Segmentum 127
9. Birthplace	Bue to
11. Industry or business 12. Name Asbury factors 13. Birthplace	Other conditions
14. Maiden name Onina factor	Major fiedings of operations. Date of op.
Address Furlook and	Autopsy resolts
17. Bate fibereof. The 2 / 946 (Burial, cremation, or removal. Which?) (Burial, cremation, or removal. Which?)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory Location Direct A	Where did injury occur?
18. Funeral director F. B. Willow glilly	Means of Injury Injured at work?
Address Add	23. SIGNATURE. William M. D. or other Address. Jurlock Ma Bate signed 21.1.46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. VS A15

MARGIN RESERVED FOR BINDING

HIA DESCRIPTION AT THE

FEBIS 1946
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2411 N. Charles St., Baltimore 1916

CERTIFICATE OF DEATH

CERTITICA	Reg. Diat. No.
1. PLACE OF DEATH: DORCHESTER	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State County County County City or town (If outside city or town limits, writs RURAL and give nearest town) Street Ho. (If roral, give LOCATION)
How long in hospital or institution?	2.(a) If yeleran, name war
3.(a) FULL NAME Emma Travas JoHNSON	V. 3. (b) Social Security Number
Lead Caland Malled	MEDICAL CERTIFICATION 20. DATE OF DEATH January 2 18/10 21 2 4 1
6.(b) Name of husband or wife. Elicing Jahrb on 8.(c) If allve, give age 5.0years	21. I CERIFY that death occurred on the dale above slated; that l'attended deceased from 19.4 to 20.19.19.19.19.19.19.19.19.19.19.19.19.19.
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
9. Birthpiace East melle market (Town, county, and state) 1D. Usuai occupation Labore	Due to Carded- reval Pas aulan deser Hygens
11. Industry or business mail 12. Mame. Multian thuaures 13. Birthplace many and	Other conditions Cerefral hew mays 6 wiles
14. Malden name Hernard fores 15. Birthplace Main land	(Include pregnancy within 3 months of death) Major findings of operations. Date of op.
16. Informant IRENE CERDWELL MAN. Address CAMBRIDGE MD.	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following;
Burial, cremation, or removal. Which?) Dale thereof (month) (day) (year) Cemetery or crematory (MAUGH Cemetery)	Accident, suicide, or homicide
Location CAMBRIDGE MJ. 18. Funeral director Lewis W. BAYNUEM	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work?
Address CAMBRIDEE MS.	23. SIGNATURE COMMICTOR OF OTHER M. D. grother
19 Jan + 19 + 6 John Mac & Registrar	Address Date signed 3-45

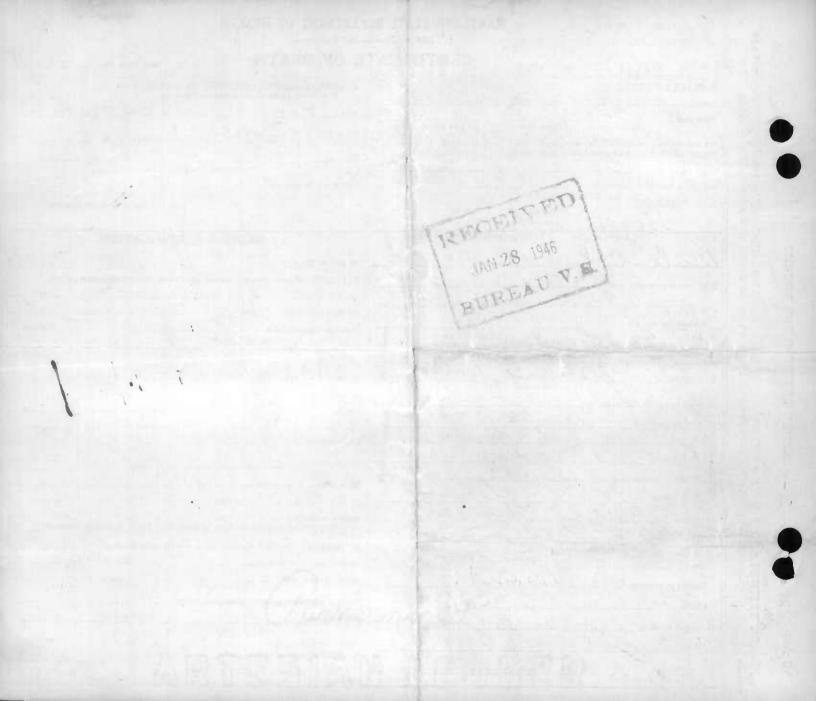
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. H)MARGIN RESERVED FOR BINDING

VS A15

JAN 7 1946 BUREAU V S

Evidence for change of ageMARYLAND STATE DEPARTMENT OF HEALTH of deceased is shown on 2411 N. Charles St., Baltimore 832 CERTIFICATE OF DEATH information carefully. The correct of death clearly and legibly. Reg. Diat. No. 116 FILM No. TOO FER 2.1 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) brettes TOR MADISON. MARYLAND (If outside city or town limits, write RURAL and give negrest town) MADISOND. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: Street No ... (If rural, give LOCATION) How long in hospital or institution?. 2.(a) If veteran, name war..... 3. (a) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION item of i MARGIN RESERVED FOR BINDING 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 6.(b) Name of husband-or wife 1946 to UAN V3 and that I fast saw h & ____ alive on ___ 7. Birth date of CLAFG deceased (mo., day, yes Z. Supply of DUBATION Imprediate cause of death If less than one day KT. CEREBRAL 8. AGE: HYDERTENSION 1D. Usual occupation. 11. Industry or business MYOCARIAL important. (Include pregnancy within 3 months of death) Major findings of operations PLAINLY, vis especially 16. Informant PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: an 29 Accident, suicide, or homicide..... (Burlal, cremation, or removal, Which?) (month) (day) (year) Where did injury occur? (City or town) injured at home, farm, industry, public place (where?) injured at work? Means of injury 23. SIGNATURE:

Registrar | Address



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (952)

CERTI

FICATE	OF	DEATH	Reg. Dist. No. 116
			Tropi Diaci i to

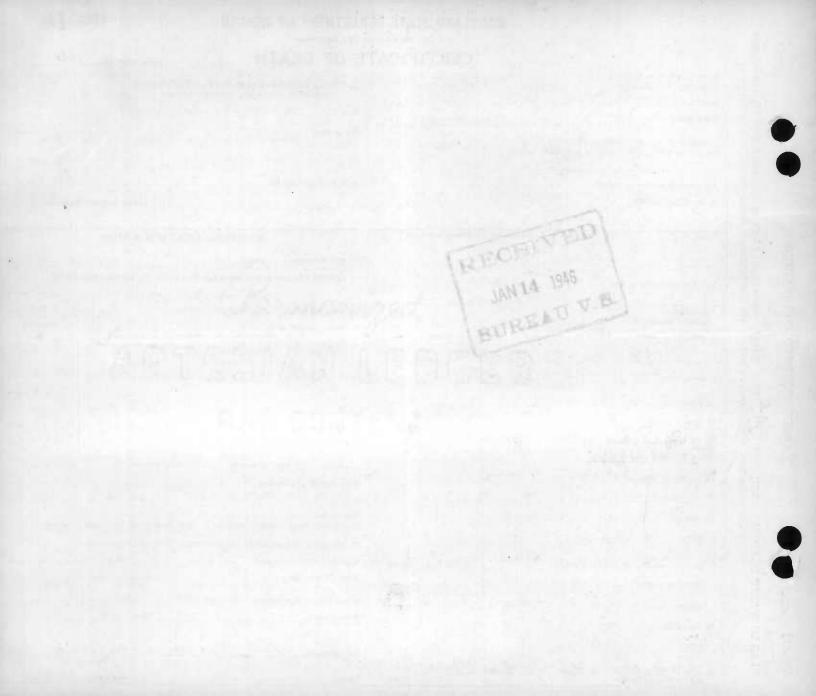
1. PLACE OF DEATH: County	State County (If outside city or town (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced 6.(b) Name of husband or wife Etta	MEDICAL CERTIFICATION 20. DATE DF DEATH
7. Birth date of decreed (mo day vr.)	and that I last saw h and alive on 18.4 k
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day / 0 6 7 7hrsmin.	Immediate cause of death DURATION
9. Birthplace (Fown, county, and state) 10. Usual occupation. 11. Industry or business 12. Name. 13. Birthplace Ancholic Co Md	Due to. Due to. Due to. Differ conditions the myocalitie 12 mm.
14. Maiden name Charity 15. 15. Birthplace Druhly Co My 16. Informant Meetin Kung	(Include pregnancy within 3 months of death) Major findings of operations
Address 17. (Burial, cremation, or removal. Which?) Cemetery or crematory Location Address Address Date thereof. (month) (day) (year) Cant P3 M4	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
18. Funeral director Law Bayne Address Combady 19. Jan. 10- 19 46 John Mace Ja N Registrar	Means of Injury Injured 2t work? 22 SIGNATURE M. D. or other M. D. or other Rate signed / F. / Charles

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

VS A15

MARGIN RESERVED FOR BINDING



WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The c is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

VS A15

BINDING

MARGIN RESERVED FOR

MARYLAND STATE DEPARTMENT OF HEALTH

1 2 HOHAL DECIDENCE (HOME) OF DECEASED

2411 N. Charles St., Baltimore (97)

00511

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DE					nfauts give residence			-
County	and dae	. 440 000000000000000000000000000000000	***************************************	State Marylan	nd	County	omico	
City or town(If	outside city or town lir		AL and give nearest town)			llmits, write RURAL		
How long in above plac	e of death? T. Y.T.A.	, 11 mos	a., 8 days	(If or	utside city or town	lmits, write RURAL	and give neares	it town)
Hoenital Institution, o	r street address where o	leath occurred:		Street No. Da	vis Stree	t		
Lastern Si	nore State	nospica.	0 2			give LOCATION)	,	
How long in hospital o	or Institution?	· a JI mo	os., 8 days	2.(a) If veteran, name	war		••••••	
3. (a) FULL NAM						3. (b) Soci	ial Security Nu	mber
	William E.	Koff						
4. Sex	5. Color or race	6.(a)Single, m	arried, widowed, or divorced		MEDICAL	. CERTIFICA	TION	
Male	White		Single	2D. DATE DE DEATH	January	23	1946	10:25 Am
				21. I CERTIFY that dea	ath occurred on the da	te above stated; that I	attended decease	d from
			***************************************	February	15	19.44 , to Ja	nuary 2	3 19 46
7. Birth date of	••••••••••••••••••••••••••••••••••••	6.(c) It	alive, give ageyears	and that I last saw h		January 23		19. 25
7. Birth date of deceased (mo., day,	yr.) Septembe	r 1, 18	79					DURATION
8. AGE: Yea			If less than one day	Immediate Cause of a				ann 040 000 000 000 000 000 000 000 000 0
6	6 4	22	hrsmin.	Gast	ro-intest	inal Hemor	rhage	20mlin
N. N.	ew York Cit	y. N.Y.		Due to	000000000000000000000000000000000000000	***************************************	***************************************	
	(IOWE,	county, and stat	,e,	***************************************	*******	*******************************	*****************	,
tD. Usual occupation	Laborer		. 44444 . 242 . 444	Due to		4 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	***************************************	**********************
11. Industry or busine	ess			400000000000000000000000000000000000000		400000		***************************************
12. Name.	gust Koff	*****	***************************************	Other conditions	Psych	osis-with	cereora	4. JX
12. Name	Germany				art	eriosclero	SlS	
and the same of th	Emilie Ba	auer						
14. Malden nam			011100000011000000000000000000000000000	Major findings of ope				
≥ 15. Birthplace	Germany	- 4		Δ γ	terialero	sis. cytie	kidnev	- hypost
11				Autopsy results	underline the cause	sis . cyties	ld he charged st	atistically.
Address E.S	S.S.H., Cam	bridge,	Maryland			nal causes, fill in the t		
1 Dew	rial	Date thereof	1-25-46					******************
(Burial, crematic	on, or comoval. Which?	SP ((month) (day) (year)					
Cemetery or creme	atory Carlery	Course	The state of the s	11		cown) (Co		
Location	Com	lu . de	u ma.	Injured at home, farm	, Industry, public pla	ace (where?)		**********
	Non	· itio	P. Showers	Means of Injury	7	Injure	ed at work?	
18. Funeral director	0	0.			Mill	11/m.	1-12	ula
Address	Carre	lud	L, 1110C.	23. SIGNATURE	1004/	Mscomb€, k	00011	1007
1/25	1 .46	John	w Mace for Ma	T Grad	ce M. Bra	ascemb€, N	. D. M. D. of	1-23-76
19. (Date rec'd by	registrar)	7	Registrar	Address L.D.D	.n., vano.	ridge, Md.	Date signed	

JAN 30 1949 BUREAU V.E

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

			0		,		01.
TD	TI	CT	CA	TE	OF	DE	TH

	Reg. Dist. No. 4.4.
1. PLACE OF DEATH: County Dorchester	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newbore infants give residence of mother)
Cornerguille	state Maryland County Dorchester
City or town	City or town Rural-Cornersville (If outside city or town limits, write RURAL and give nearest town) RFD # 3 (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME Maude Lelia Layton	3.(b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION 46
Female White Widowed	20. DATE OF DEATH Jan. 6, 145 , 13:45P
6.(b) Name of husband or wife William E. Layton	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from
(Deceased 9/21/1922) _{6.(e)} If alive, give age years deceased (mo., day, yr.) Aug. 20, 1869.	and that I last saw h. E.R. alive on
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION THE CARDIAL FAILURG Zday
76 4 16min.	
9. Birthplace Cambridge, RFD # 3, Maryland. (Town, county, and state)	Due to ARTERIOSCLEROSIS
10. Usual occupation Domestic	Dua 4a
11. Industry or business Home	Due (V
12. Name John Cook 13. Birthplace Maryland.	Dither conditions
13. Birthplace Maryland.	(Include pregnancy within 3 months of death)
14. Malden name Margaret Seward 15. Rirthplace Maryland. 16. Informant Mr. William R. Layton	
15. Rirtholace Maryland.	Major findings of operations. Date of op.
16. Informant Mr. William R. Layton	Autonsy results
Address 2914 Hanover St., Baltimore, Mc	a comparation of the contract
Burial (Burial, cremation, or removal, Which?) Burial, cremation, or removal, Which?)	22 VIOLENCE, 16 death was due to external causes till in the following:
Cemetery or crematory Greenlawn Cemetery	Where did injury occur? (City or town) (County) (State)
Location Cambridge, Maryland.	Injured at home, farm, Industry, public place (where?)
	Means of injury / Injured at work?
18. Funeral director LeCompte's Funeral Service Address Cambridge, Maryland.	We found
19. (Date rec'd by registrar) 19 46 John Mose & Registrar	Address Cambr. delle Date signed 7/16

:4

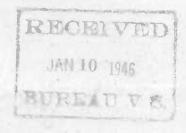
VS A15

9-45-15

The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The co is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING



VS A15

PLEASE WRITE PLAINLY, WITH LAFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

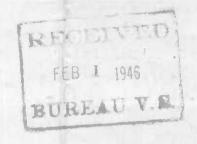
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (17-0)

CERTIFICATE OF DEATH

01515 Reg. Dist. No. 110

1. PLACE OF DEATH: County Dorchester	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)			
City or townCambridge (If outside city or town limits, write RURAL and give nearest town)				
How long in above place of death? 21 Lears	City or town Cambridge (If outside city or town limits, write RURAL and give nearest town)			
Hospital, Institution, or street address where death occurred:				
220 High St.	(If rural, give LOCATION)			
How long in hospital or institution?	2.(a) If veteran, name war.			
3. (a) FULL NAME G. Herman manning	3. (b) Social Security Number			
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION			
male white married	20. DATE OF DEATH. January 27, 19 46			
6,(b) Name of husband or wife Nellie C. M8.Callister	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from			
7. Birth date of	and that I last saw h			
deceased (mo., day, yr.) Feb. 28, 1880. 8. AGE: Years Months Days If less than one day				
59 10 29hrsmin.				
9. Birthplace Drawbridge, Dor. Co., ad.	Que to Tombre Men Smeyers			
10. Usual occupation Farmer-Laborer	Due to.			
11. Industry or business Cambridge Mfg. Co.				
12. Name George manning	Other condillons			
12. Name George manning 13. Birthplace maryland.				
14. Maiden name Dara Hills				
14. Maiden name Dara Lills 15. Birthplace Laryland.				
15. bringing Marty Still	2 1014			
16. Informant Mrs. Willie w. Callister	State			
Address Cambridge, aryland.	22. VIOLENCE: If death was due to external causes, fill in the following:			
(Burial, cremation, or removal, Which?) Date thereof, Jan. 29, 1946 (month) (day) (year)	Accident, sulcide, or homicide			
Cemetery or crematory Greenlawn Cemetery	. Where did injury occur? (City or town) (County) (State)			
Location Cambridge, Maryland.	Injured at home, farm, industry, public place (where?)			
18. Funerat director Le Compte ! s Funeral Jervice	Maens of Injury tnjured at work?			
Address Cambridge, Maryland.	Yun Stale			
19. Jan. 29- 19. 46 John Mew J. Ma. Registrar	M, D, or other			



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 33

CERTIFICATE OF DEATH

Reg. Diat. No.

City or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newbore infents give residence of mother) State
Hospital, Institution, or street address where death occurred:	(If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME George E. Marine	3. (b) Social Security Number
4. Sex 5. Color ograce 6.(a) Single, married, widowed, or divorced builded.	MEDICAL CERTIFICATION 20, DATE DF DEATH 20, DATE DF DEATH 20, DATE DF DEATH
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that tattended deceased from 19 46 and that I last saw h. Associative on 19 46
7. Sirth date of deceased (mo., day, yr.) 8. AGE: Years Months Dayy It less than one day	Immediate cause of death DURATION
9. Birthplace	Due to
10. Usual occupation. 11. Industry or business 12. Name. 13. Birthplace	Due to
13. Birthplace 14. Maiden name. Margaret 1. Fisher 15. Birthplace 0.	(Ioclude pregnaccy within 3 months of death) Major findings of operations. Date of op.
16. Informant Service Racket Address Seafond Del RD.	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the tollowing;
17. Date thereof (month) (day) (year) Cemetery or crematory.	Accident, suicide, or homicide
Location Drawenot Bross	Injured at home, farm, industry, public place (where?) Means of injury Injured at work?
Address Sharptone 19 46 Hostines Registrer	23. SIGNATURE The Killiam M. D. acthor M. Address. M. Acthor M. Address. M. Acthor M. A

FEB 13 1946

FUREAU V F

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-0)

00515

CERTIFICATE OF DEATH

116

Date signed 1,12,46

1. PLACE OF DEATH: Dorchester	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
Ougity		
City or town Cambridge (If outside city of town imply write RURAL and give nearest town)	State Navland county Kent nee	
How long in above place of death?	City or town Rock Hall	***************************************
Hospital, Institution, or street address where death occurred:	2711 Hemlock Avenue	est town)
Eastern Shore State Hospital	City or town Pock Hall If outside city or town limits, write RURAL and give near 2711 nemlock Avenue Street No. (If rural, give LOCATION)	fd.
How long in hospital or institution? 13 days	2.(a) It veteran, name war	
3.(a) FULL NAME Frank McCloskey	3. (b) Social Security N unknown	umber
4. Sex Male 5. Color or race 6.(a) Single, married, widowed, or divorced married	MEDICAL CERTIFICATION	
	20. DATE DF DEATH. January 12, 19.46	
S.(b) Name of husband or wife. Mrs. Lula McCloskey		
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date ebove stated; that I attended decease	
7. Birth date of	December 31 1945 to January 1	
7. Birth date of deceased (mo., day, yr.)	and that I last saw himalive on January 12	194,6
8. AGE: Years Months Days It less than one day	Immediate cause of deathBronchopneumonia	DURATION
73hrs,min.		5days
Rock Hall. Md.		
9. Birthplace		unknow
9. Birthplace (Town, county, and state) Traffic officer (ret) 10. Usual occupation.	Hypertension	
11. tndustry or business Balto., Police Dept.	Due to Corebral Hemorrhage	
	with pharyngeal paralysis	
Tmeland	Other conditions	
	(Include pregnancy within 8 months of death)	
E 14. Maiden name	Major findings of operations.	
\$ 15. Birthplace Ireland	major initiality of operations.	
16 Interment Hospital Records		
Cambridge Md.	PHYSICIAN: Please underline the cause to which death should be charged at	
Address		
17 Burial Date thereof 1/15/46 (month) (day) (year)	22. VIOLENCE: It death was due to external causes, till in the following;	
	Accident, suicide, or homicide	
Cathedral Cem. Balto., Md.	Where did injury occur?	State)
Location	Injured at home, farm, industry, public place (where?)	
11 9 04	Meens of Injury Injured at work?	
18. Funeral director flowing for formal flowed for the first of the fi	mjurey at Work	
Address 500 d 32 ml Ab	· Che Mr Busin	Mar ble
19 1/14 19 46 A.W. Hedrich	23. SIGNATURE Grace A. Brunsombe M. D. or	other
(Date rec'd by registrar)		1.12.46

D.m. Registrar

Address.....

2711 HEHROCK HUE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (20)

00516

CERTIFICATE OF DEATH

Reg. Dist. No. 116

County	ove place of death?tution, or street address wi	ere death occurred		2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of State Could City or town (If outside city of town limits Street No. (If rural, give 2.(a) If veteran, name war.	mother) inty. Or hold inty, write RURAL and give nea	
3. (a) FUL	an Mo	lock			3. (b) Social Security	Number
9. Birthplace 10. Usual occ 11. Industry of 12. Name 13. Birthplace 14. Maide 15. Birthplace 16. tnformant. Address 17	Years Months 5 2 Output To upation To upatio	Days Days Sounty, and so Le Color A State Color Date there Ch?)	e, married, widowed, or divorced Control If alive, give age	2D. DATE DF DEATH	ve stated; that I attended decea 10	DURATION Latistically.
18. Funeral d	0.1	Bin	La Macelo M. E.	Injured at home, farm, Industry, public place (wheeles of Injury) 23. SIBNATURE.	injured at work?	

RECEIVED JAN 19 1946 BUREAU =

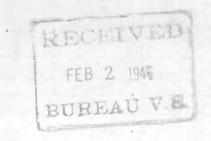
1	1
(N)	ct age
1	e correct

Evidence for change of ageMARYLAND STATE DEPARTMENT OF HEALTH of deceased is shown on

2411 N. Charles St., Baltimore (61)

	()	0	5	1	7	
Reg.	Diat.	N	o		I.1	6.

FILM No. I	O FEB 1	2 1946 CERTIFIC	CATE OF DEATH Reg. Diat. No
1. PLACE OF DEA CountyDOP. Ch. City or townCam (11 o How long in above place Hospital, institution, or	ATH: ester bridge utside city or town lit of death? One street address where of dge Maryl Institution? One	mits, write RURAL and give nearest town) Day lealh occurred: Land Hospital	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
		Anita Stapleforte	· · · · · · · · · · · · · · · · · · ·
4. Sex Female	5. Color or race White	6.(a)Single, married, widowed, or divorced Widowed	MEDICAL CERTIFICATION 20. DATE OF DEATH
(De ceas. 7. Birth date of deceased (mo., day, y) 8. AGE: Years 62 -33	ed 1/30/4 m.) March Months 10 esville	R. Neild 14)	ryears and that I last saw here alive on the same and that I last saw here alive on the same and that I last saw here alive on the same alive of the same al
11. Industry or busines 12. NameW. 13. Birthplace	s Home illiam T. Maryland	Stapleforte	Other conditions Brown has pure unonia 2Khose (Include pregnancy within 3 months of death)
15. Birthplace	Maryland		Major findings of operations
Buria (Burial, cremation	n, or removal. Which?	Date thereof	22. VIOLENCE: If death was due to external causes, fill in the following: Oate of
11		ster Memorial Parl	
18. Funeral director	Le Compte	Maryland. 's Funeral Service Naryland. John Macefor M.	Indicated of work?



2411 N. Charles St., Baltimore 106-02

CERTIFICATE OF DEATH

500	001010
34	Reg. Diat. No. 116

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)
City or town Aireys — Cambridge R.F.D.#2	State Naryland county Dorchester City or town (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	
Cambridge R.B.D. 72	Street No. Cambridge, R.F. D. #2
How long in hospital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME Infant Boy Perry	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male colored single	20. DATE DF DEATH January 11 19.46 213-30A.M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	X 19 , to X 19
7. Birth date of	and that I last saw h X alive on X
deceased (mo., day, yr.) December 5, 1945	Immediate cause of death
8. AGE: Years Months Days If less than one day X 1 6	Acute Bronchitis 1 day
9. Birthplace Aireys, Md. (Town, county, and state)	Due toX.
1D. Usual occupation	Due to
11. Industry or business none	
12. Name Sherwood Perry 13. Birthplace Md.	Other conditions
13. Birthplace Md.	(Include pregnancy within 3 months of death)
Juanita Perry	
14. Malden name Juanita Perry Nd.	Major findings of operations.
	X
16. Informant Olivia Perry (grandmother)	Antopsy results
Address Cambridge, Md. R.F.D.#2	
	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Whichar (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Slant City	Where did injury occur?
Location Cambeinglast	Injured at home, farm, industry, public place (where?)
18. Funeral director Lewis H Barrener	Means of Injury Injured at work?
Address Camberidal Md	And K Shriver Res May Exam
19. //2 1 19 46 John Mace Jo Man Registrar Registrar	23 Signature M. D. or other
(Outgree'd by registrar) Registrar	Address Cambridge, Md. Date signed Jan. 11/4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15



DELETATE OF DEATH

			CERTIFICA	ALE OF DEATH Reg. Dist. No	// 6	
1. PLACE OF DE	ATH:			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
			••••••	" Menuland Wicomico		
City or fown. Cambridge (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 2 months, 15 days.			RURAL and give nearest town)	City or town Salisbury (If outside city or town limits, write RURAL and give nearest town)		
			15 days			
Hospital, Institution, of Eastern Sh	street address where	e death occurred	d:	Street No. 295 Baker Street		
.0.0			***************************************	(If rural, give LOCATION)		
How long in hospital o	r institution?	onths,	15 days			
3. (a) FULL NAM	E			3. (b) Social Security	Number	
	Cora Pl					
4. Sex	5. Color or race	6.(a)Sing	ie, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female	White		Married	20. DATE OF DEATH January 8 1946	a 8:30 A	
6.(b) Name of husband	Samue	el Phin	pin	21. I CERTIFY that death occurred on the date above stated; that I attended dec	ceased from	
				October 24 19 45 to January	81946	
7. Birth dafe of	27 1		(c) If alive, give age70yea	and that I last saw her alive on January 8	1946	
deceased (mo., day,		ber 24,	1885	Immediate cause uf death	DURATION	
8. AGE: Year	2000	Days		Cerebral Hemorrhage	36 hrs.	
6		15	hrsmi		*** 7 4	
9. Birthplace	elmar, De	Laware	A . A . N	Oue for Cerebral Arteriosclerosis and	F	
	Housewife	n, county, and	state)	Hypertension	5 years	
1D. Usuat occupation.	11000001111			Due to		
11. todustry or busine	ss Uwn hor	me		Heminlegie and Psychosis		
12. Name Ge		7		Other conditions Hemiplegia and Psychosis	Unknown	
13. Birthplace	U.S.			with Cerebral Arteriosclerosis (Include pregnancy within 3 months of death)	Unknown	
14. Maiden name	Mary Phi	ppin	***************************************	Msjur fiadings of operations		
14. Maiden name	Maryland			Majur hadings of operations		
TT -	enitel Pa	nond c	***************************************			
				PHYSICIAN: Please underline the cause tu which death shuntd be charge	d statistically.	
0		mbridge	, Maryland	22. VIOLENCE: if death was due to external causes, fill in the following:		
	e e	Date the	(month) (day) (year)	Accident, suicide, or homtcide		
	n, or removal. Which	as it	M. M. H.	Where did injury occur?		
Cemetery or crema	00	10	In and			
Location .	ma	COL	0 1011-	Injured at home, farm, Industry, public place (where?)		
1B. Funeral digetta.	alloway	StewNI	wintpur	Meens of injury injured 24 work?		
Address 520	F Chicke	4 st	Palishay W.	Shun Alleman	Wer	
1-	1	. 1	la Macd Dr. TI	23. SIDNATURE M. Brandcombe, M.D. M.I), or other	
	19 4			Address E.S.S.H., Cambridge, Md. Date stgne		

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The case is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE VS A15

H) MARGIN RESERVED FOR BINDING

BURLAU V S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (314)

00520

CERTIFICATE OF DEATH

Reg. Dist. No. 112.

1. PLACE OF DEATH: Dorchester	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
COUNTY	State Maryland. County Dorchester
City or town	Vienna Warvland
How long in above place of death? Hospital, Institution, or street address where death occurred:	City or town Vionna, Maryland. (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. Cambridge Road
Cambridge Road	(If rusal, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
alexander Pinkett	None
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 1230
Male Colored Married	20. DATE OF DEATH January 5"1946. 19 P.M.
6.(b) Name of husband or wife Sarah Piakett	24 T CERTIEV that death argument on the date shows stated, that I attended descreed from
	January 1"1943 19 1946 and that I last saw h im all recommendates above stated; that I attended deceased from January 1"1946 1946 and that I last saw h im all recommendates all recommendates all recommendates are stated; that I attended deceased from January 3" 1946.
7. Birth date of / garage / ga	and that I last saw h im allve on January 3" 1946.
deceased (mo., day, yr.) January 28, 1870 8. AGE: Years Months Days If less than one day	Immediate cause of death Chronic Nophritis. DURATION
75 11 m	
, ,	
9. Birthplace Docchetter County Mary land (Town, county, and state)	Due to Age, cold exposure.
1D. Usual occupation day tabaces	Due to
1t. Industry or business Farm	DUG 10
12. Name	Dther conditions
	(Include pregnancy within 3 months of death)
14. Malden name Jarothy Boyce	Major findings of operations. None •
14. Malden name Dorothy Boyce 15. Birthplace Dorchester County Maryland	
0 0 1	Mone Date of op.
	Autopsy results
Address Vienna; Maryland	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) Date thereof January 9, 1946 (month) (day) (year)	Accident, suicide, or homicide
cemetery or crematory	Where did injury occur? NO (City or town) (County) (State)
Location viena Maryland	injured at home, farm, industry, public place (where?)
18. Funeral director. A. A. Transton and Son	Means of Injury
Address Federalsburg Maryland	a courte August D. Samking
19 lang 19 45 P Elizabeil & Casa	23. SIGNATURE Lamkin, M.D. Vienna, Md.
Date rec'd by registrar) Registrar	Address IAN E 1046 Date signed

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct a is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

JAN 10 1946 BUREAU V 2

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 108

CERTIFICATE OF DEATH

00521

Reg. Dist. No. 119

Counly. Dorchester City or town. Rural-Wingate (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Life Hospital, institution, or street address where death occurred: Home-Wingate How long in hospital or institution?	Z. USUAL RESIDENCE (FIOME) OF DECEASED: (For newborn infants give residence of mother) State		
3.(a) FULL NAME James E. Pritchett	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION_		
Male White Married	20. DATE DE DEATH January 12, 146 , at 5:A		
6.(b) Name of husband or wife Victoria Todd 6.(c) It alive, give age 74 year 7. Birth date of deceased (mo., day, yr.) May 6, 1868 a	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.46		
8. AGE: Years Months Days It tess than one dey 77 8 7min	Loter Presence 4 Rep		
9. Birthplace Wingate, Dor. Co., Maryland. (Town. county, and state) 10. Usual occupation Waterman 11. Industry or business Seafood 12. Name Edward Pritchett 13. Birthplace Maryland 14. Maiden name Not Known 15. Birthplace II 11	Other conditions (Include pregnancy within 3 months of death) Major findings of operations. Date of op.		
16. Informant Sangston S. Pritchett Address Wingate, Maryland. 17. Burial Date thereof Jan. 13. 194 (Burlad, cremation, or removal, Which?) Cemetery or crematory Pritchett Family Cemetery Location Wingat, Maryland.	Where did injury occur?		
18. Funeral director Le Compte s Funeral Service Address Cambridge, Maryland. 19. Lan 13 19 44 Wilson & Pritchel Date rec'd by registrar)	Meens of Injury Injured at work? 23. SIGNATURE A. Jacob M. D. or other		

FEB 3 1946

STREET, TO STREET, ST.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

2411 N. Charles St., Baltimore (31-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH: County Dorchester	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)
	state aryland county Lorchester
City or town	Punol - Vienne
How long in above place of death? Two Days	City or town
Hospital, Institution, or street address where death occurred:	Street No. RFD Vienna
Cambridge Maryland Hospital	(If rural, give LOCATION)
How long in hospital or institution?TwoDays.	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
George W. Richardson	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	20. DATE OF DEATH. January 16, 19. 46 all: 25 m
6.(b) Name of husband or wifeettie	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	19.77 to 7.01 b 19.79
7. Birth date of	and that I last saw haspalive on fand 6 1946
deceased (mo., day, yr.) June 4, 1877	Immediate cause of death
o, Adi.	Herriplegia Right 36 hous
68 7 12hrsmin.	
9. Birthplace RFD Vienna Dor. Co. Md. (Town, county, and state)	Due to arterio Celeratio Cardio 3grs 7
10. Usual occupation Farmer	Land the state of
11. Industry or business Dirt	Due to
	Other conditions
12. Name John W. Richardson 13. Birthplace aryland.	
Clarence Tid clare	(Include pregnancy within 3 months of death)
14. Malden name Georgeanna Fisher	Major findings of operations. Tous
14. Maiden name Georgeanna Fisher 15. Birthplace maryland.	Date of op.
16. Interment Mr. George E. Richardson	Autopsy results.
Address Vienna, Maryland.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following;
17. Burial Date thereof Jan. 18, 1946 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory ichardson ramily Cemetery	Where did injury occur? (City or town) (County) (State)
Location Vienna, Maryland.	Injured at home, farm, industry, public place (where?)
18. Funeral director Le Compte's Funeral Service	Means of injury Injured at work?
Address Cambridge, Maryland,	EDrides He mellus
	23. SIGNATURE M.D. or other
19. Jaw. 19 19. 46 John Maca for Mito	Address Cambridge / NA - Date signed / Date signed

JAN 23 1946
BURLAU V R

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1		1	E	9	3
1)	()	U	4	U

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH: County		URAL and give nearest town)	State Snow Hill City or town (If outside city or town limits, write RURAL and give neared Street No. (If rural, give LOCATION)		
John D. Ri 4. Sex 5. Col	e 6.(a)Single,	, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male W	Div	vorced ?	20. DATE OF DEATH January 11 1946	1.11:25P.M	
		licholson) If alive, give age	21. I CERTIFY that death occurred on the date above stated; that I attended deceas January 5, 19.46 to January	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 5, 1946 to January 11 1946	
T. Birth date ot deceased (mo., day, yr.)	nuary 4, 1	877	and that I last saw h.i.i		
8. AGE: Years 69	Days 7	it less than one dayhrs.	Bronchopnuemonia	3ds.	
10. Usual occupation	esman		Due to		
12. Name Oliver T. Richardson, 13. Birthplace Snow Hill, Maryland		and	Other conditions	erioscler 7 yrs	
		Rowen, Yland.	Major findings of operations		
1B. Informant Hospi	Records	***************************************	Autopsy results	atistically.	
Address E. S. S. Hosp. Cambridge, Naryland 17			22. VIOLENCE: If death was due to external causes, till in the tollowing; Accident, suicide, or homicide		

MARGIN RESERVED FOR BINDING



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00524

Date signed / .5 - 786

CERTIFICA	IE OF DEATH Reg. Diat. No	116
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (If outside city or town limits, write RURAL and give residence of mother) State County (If rural, give LOCATION) 2.(a) If veteran, name war.	***************************************
3. (a) FULL NAME Ellen agustus Duunder	3. (b) Social Securit	y Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 2D. DATE DF DEATH 1946	-
8.(b) Name of husband or wife	end that I last saw h	7 19.44 19.44.4
8. AGE: Years Months Days If less than one dayhrsmin.	Immediate cause of death	Y 4
9. Birthplace (Town, county, end state) 1D. Usual occupation. 11. Industry or business	Due to	9 ms
12. Name 13. Birthplace 14. Maiden name 15. Birthplace 15. Birthplace	Other conditions	12 2
16. Informant Reuter Office Address 5'/6 (N Nodes 87 Phile Pa	Antopsy results. PHYSICIAN: Please anderline the cause to which death should be charge.	>>>>
17. (Bnrial, cremation, or removal, Which) Cemetery or crematory Dafe thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide	
18. Funeral director also have a second of the second of t	Means of injury Injured at work?	ms
10 Law 5 - 19 46 John Mary for Mod Registrar	D. Le. 1 (1)	or other



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 6/

0052515

CERTIFICAT	E OF DEATH Reg. Dist. No. 110
1. PLACE OF DEATH: County Dorchester City or town Rural-Fishing Creek (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 47 Years Hospital, institution, or street address where death occurred: Home-Fishing Creek How long in hospital or institution? 3. (a) FULL NAME John H. Shockley	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Slate Maryland County Dorchester City or town Rural-Fishing Creek (If outside city or town limits, write RURAL and give nearest town) Street No. Fishing Creek (If rural, give LOCATION) 2.(a) If veteran, name war. 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Widowed	20. DATE OF DEATH. January 12 1946 21 2: 15A M
8.(b) Name of husband or wife. Letitia Travers (Deceased 2/20/1937) 6.(c) If alive, give age. years 7. Birth date of deceased (mo., day, yr.) Dec. 24, 1874	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 10. 10. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19
8. AGE: Years Months Days if less than one day	Immediate cause of death DURATION
71 - 18hrsmin.	
9. Birthplace Nanticoke, Wicomoco, Maryland. (Town, county, and state)	Due to
10. Usual occupation Waterman	
11 Industry of husiness Sea food	Due to
Samuel Shockley 12. Name Maryland	Olher conditions
X 13. Birthplace Maryland	(Include pregnancy within 3 months of death)
14. Malden name Catherine Shockley 15. Birthplace Maryland.	Major findings of operations
15. Birthplace Maryland.	Date of op.
16. Informant Everett Shockley	Autopsy results.
Address Fishing Creek, Maryland.	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:
Burial Burial Date thereof Jan. 13, 1946. (Burial cremation, or removal Which?)	Accident, suicide, or homicide
Cemetery or crematory Hoosier Memorial Churchyan	
Location Fishing Creek, Maryland.	tnjured at home, farm, industry, public place (where2)
	Meens of Injury Injured at work?
18. Funeral director. Le Compte Is Funeral Service	
Address Ca mbridge, Maryland.	25. SIGNATURE AMOU Meade M. D. or other
19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	Address Fishing Ceele me Date signed Jan. 12/1/2

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83:00

112

00526

Date signed Lan 12

CERTIFICA	ALE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (If outside gity or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME Millian Smith	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Mall Calard Mattried	20. DATE OF DEATH
S.(b) Name of suckey or wife Rasin Smith	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
1 616	rears
7. Birth date of	and that I last saw halive on
deceased (mo., day, fr.) (My S) (S) (Aug. C) 8. AGE:Years Months Days If less than one day	Immediate cause of death
Dio 5 - hrs.	min distribution of the state o
	- half and the state of the sta
Birthplace dry Du Down, county, and state)	Oue to
10. Usual occupation Laboration	Due to Alexander - transmission 6 mg
1. Industry or business	Due to.
	Other conditions
12. Name Alle Clian Hammel 11. Name Alle Clian Hammel 13. Birthplace Jan Coles 28 Council	
	(Include pregnancy within 3 months of death)
14. Maiden name Lushadung Smith 15. Birthplace Manyland	Major findings of operations.
El 15. Birthplace	
16, Informant Cashing Should be	Autopsy results
Address James per land	
17 Any Louis State thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
C. l. 14 1 20 24 24 10	
Cemetery or crematery	Where did injury occur?
Location apply of Salaria, Ma	tnjured at home, farm, Industry, public place (where?)
18. Funeral director Llynd A Jansalys	Means of injury injured at work?
Address Cambandall grad	I had the Almie
	23. SIONATURE



PLEASE.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

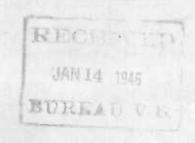


AARAM

CERTIFICATE OF DEATH

		U	U	0	6	á
_	Die					

021(111 1011)	Keg. Dist. No.
1. PLACE OF DEATH: County City or town (If outside city or town limits, write HORAR and give nearest town) How long in above place of dealh?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
Hospital, Institution, or street address where death occurred	Street No. 45'3 4-1-LOGATION
How long in hospital or institution?	(If fural, give LOCATION) 2.(u) It veteran, name war
3.(a) FULL NAME	3. (b) Social Security Number
model of desord	
4. Sex 5. Color or race 6.(a) Single, married widdwed, or divorced	MEDICAL CERTIFICATION
male Col juliani"	2D. DATE DF DEATH. 194.6 ,21.3:17.42
8.(b) Name of husband or wife Mary Stafford	21. I CERTIFY that death occurred on the date above stated; that f altended deceased trom
1 100000	December 3/ 18 4 5, 10 any 4 19.4 4
7. 8irth date ot deceased (mo., day, yr.)	and that I last saw h
8. AGE: Years Months Days It less than one day	Immediate cause of death
69 / 26hrsmin.	and the let
9. Birtholace Label Wille and	Due to Chy, Mysendile 6 mg
(Town county, and state)	
1D. Usual occupation.	Due to that but but the
11. Industry or business	
12. Name	Dither conditions At Automatical 12 miles
	(Include pregnancy within 3 months of death)
14. Malden name.	Major findings of aperations.
El 15. Birthplace	
18. Interment Cotto Sugar	Autupey results
Address Church Creek Mid	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Burial Date thereof 1-13-46	22. VfOLENCE: It death was due to external causes, till in the tollowing;
(Burial, cremation, or parnoval, Which?) Date thereot (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location Lecdo Should The	Injured at home, farm, Industry, public place (where?)
18. Funeral director. Della To Astronomo	Masns of Injury Injured al work?
Address combredo And	Cyracy in st Clan mis
Charles 4 Car march n	23. SIGNATURE. M. D. or other
19. Oate rec'd by registrar) Registrar	Address Om teels 8th Date signed 1-9'46



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

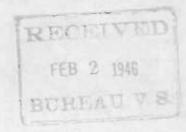
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-0

CERTIFICATE OF DEATH

00528

	Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Cily or town(If outside city or town/limits, write RURAL and give nearest town)	State County County
How long in above place of death?	City or town
Hospilal, Insiliution, or street address where death occurred:	Street No. 4 kl A-A-Y-
	(If rurai, give LOCATION)
How long in hospital or instilution?	2.(a) if veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
and col many	20. DATE DF DEATH. 29 19 4 19 4 21 21 20 20
S.(b) Name of husband or wife Surfuede 8 Conly	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	Deente 22 1045 10 Jan 29 1046
7. Birth dale of	and that I last saw h alive on 19 4 6
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death
	Vulmony Etime 10 days
6 7 7 9hrsmin.	augusta thillier + mi-
9. Birthplace. (Town, county, and state)	Due to the Mysender 19 ma
10. Usual occupation Lawy lake	
11. Industry or business	Due to
E 12. Name Starles of White Land	Diher conditions 27
14. Malden name Rhede Stanley 15. Birthplace	(Include pregnancy within 3 months of death) Major findings of operations
≥ 15. Birthplace	Date of op.
16. Informant Bullinda Flants	Autopsy results
Address 411 1 Lat of Combula MA	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Burial, cremation, or removal. Which?) Date thereof. Teb 3 1946 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Cemetery or cremalory Waveh Cemetery	Where did injury occur?
Location Cambradoe, Md	Injured at home, farm, industry, public place (where?)
18. Funeral director HM ARlace 4-don	Meens of Injury Injured at work?
Address latteredge Mr.	TOO SIGNATURE CAN'T M ST CROWN MIN
19. Jan. 31- 19 46 John Mew Jem	M. D. or other
(Unite rec'd by registrar) Registrar	Address Date signed



19.46

19. (Date ree'd by registrar)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00529

CERTIFICAT	TE OF DEATH Reg. Dist. No. 1/6		
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give resideose of mother)		
county Dorchester			
City or town Cambridge (If cotside city or town limits, write RURAL and give nearest town)	State Maryland county Dorchester		
How long In above place of death?	City or town Hurlock (If outside city or town limits, write RURAL and give nearest town)		
Hospital, institution, or street address where death occurred:	Street No.		
Eastern Shore State Hospital	(If rural, give LOCATION)		
How long in hospital or institution? 2 yrs 1 mo. 8 dys	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Martin Stifner (Stifter)			
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION		
Male White Widowed	20. DATE DF DEATH January 8, 1946 48:45 A.		
6.(b) Name of husband or wife. Annie Delaney. 6.(c) If allve, give age years	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 1, 19.43 to January 8, 19.46		
7. Birth date of	and that I last saw himallve on		
deceased (mo., day, yr.) Unknown 8 AGE: Years Months Days It less than one day	Immediate cause of death DURATION		
o. Aul.	Bronchopneumonia 24 hrs.		
87 ?min.			
9. Birthpiace	Due to		
10. Usual occupation. Laborer	Senility, Arteriosclerosis Unknown		
	Due to		
11. Industry or business			
12. Name Martin Stifner 13. Birthplace Unknown	Dther conditions		
	(lneiudo pregnancy within 3 months of death)		
14. Maiden nameFrances	Major findings of operations		
15. Birthplace Unknown	Date of op.		
18 Interment Hospital Records	Autopsy results		
	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address E.S.S. Hospital, Cambridge, Maryland.	22. VIOLENCE: If death was due to external causes, fill in the following:		
17	Accident, suicide, or homicide		
Vacantal 10	Where did injury occur?		
Cemetery or crematory	(City or town) (County) (State) Injured at home, farm, industry, public place (where?)		
Location Location			
18. Funeral director. The lowy ally	Means of Injury Injured at work?		
Address Durloak	- Chull Manualle		

Registrar Address.

E.S.B. Cambridge, Md.

VS A15

PLEASE



PLEASE WRITE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-6

CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH: County Donchester City or town Rean Eras and Ma (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, Institution, or street address where death occurred: How long in hospital or institution? 3. (a) FULL NAME Pency Taylor.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn tufants give residence of mother) State. Maraka Eldorado Ma (If outside city or town limits, write RURAL and give nearest town) Street No
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	None
Male, Colored. Single.	MEDICAL CERTIFICATION 20. DATE OF DEATH Samuana 2151 19.46 219-36-H-m
6.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	and that I last saw h
deceased (mo., day, yr.) WTOWT 1887 -	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	P
9. Birthplace Rocky Mount N. Carolina	District Land Lines - Land to the 3 May
1D. Usual occupation Form Tourist Parts 1'en	Due to Consultation (Chalamanan) la Massaco
11. Industry or business	Due to
E 12. Name Lo data.	Dther conditions
El 13. Birthplace	(Include pregnancy within 8 months of death)
14. Malden name No date,	Major findings of operations.
16. Informant Sexcy Smith	Date of op.
Address Rhodesdale Md. B.F.D	Autopsy results
17. Buria P. Date thereof Jan 23 1946 (Burial, cremation, or removal, Which?)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
cemetery or crematory Federial Hill Cemetery	Where did injury occur?
Location Federalsburg Nd 0	Injured at home, farm, Industry, public place (where?)
18. Funeral director 5. 5. Trambtom & Son	Means of Injury Injured at work?
Address Federalaburg Nd	23. SIGNATURE: 191 Starring Del Med. Evan
19. Date rec'd hy registrar) 19. 46 Chell of Registrar	Address Date signed Address Date signed

JAN 30 1916 BUREAU V.E Hospital, Institution, or street address where death occurred: 119 Choptank Ave.

1. PLACE OF DEATH: County Dorchester

How long in hospital or institution?.....

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Reg. Dist. No. 116

3. (b) Social Security Number

CERTIFICATE OF DEATH FILM No. I O 4 MAY 28 1946

Cambridge
(If outside city or town limits, write RURAL and give nearest town)

34 Years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

county Dorchester State Maryland Cambridge City or town.....

(if outside city or town limits, write RURAL and give nearest town) 119 Choptank Ave.

(If rural, give LOCATION)

2.(a) If veteran, name war......

3. (a) FULL NAME

information of death clea

important.

PLEASE WRITE

BINDING

MARGIN RESERVED FOR

Elnora Hubbard Wheatley 6.(a) Single, married, widowed, or divorced

MEDICAL CERTIFICATION

5. Color or race

Married Female White

6.(b) Name of husband or wife Zachriah Wheatley

Correct birth875te unknown deceased (mo., day, yr.)

If less than one day Years 8. AGE: 75

9. Birihplace Taykors Island, Maryland.
(Town, county, and state)

Domestic th. Usual occupation.

Home 11. Industry or business

E 12. Name John Hubbard 13. Birthplace Maryland

Not Known 图 14. Malden name..

2 15. Birthplace 16 Informant Mr. Zachriah Wheatley

Address 119 Choptank Ave., Cambridge, Md Burial (Burlal, cremation, or removal, Which?) Date thereof Jan. 4, 1946.

(month) (day) (year)

Cemetery or crematory Greenlawn Cemetery Cambridge, Maryland.

18. Funeral director Le Compte S Funeral Service Cambridge, Maryland.

23. SIGNATURE

January 1, ,45 6,7:15P 21. I CERTIFY that death occurred on the date above stated; that fattended deceased from

Immediate cause of death

10 1948, 10 VAN 1

CEREBRAL HEMORRHAGE ARTERIOSCUOROSI'S.

(Include pregnancy within 3 months of death)

Major findings of operations.....

PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the followings

Accident, suicide, or homicide.....

Where did Injury occur? Injured at home, farm, Industry, public place (where?)

Date rec'd by registrar)

Means of injury

